



Student Enrollment Verification Request Form

Triton College Records Office

Print all information; allow 24-48 hours for this request to be processed.

Name _____
Last First M.I.

Home Address _____
Street City State ZIP

Student ID Number _____ Or Social Security Number _____

Date of Birth _____ Phone Number _____

Enrollment Verification: ☐ Fall ☐ Spring ☐ Summer Year _____

☐ Full-time ☐ Part-time

☐ In-school Deferment Form (completed form attached).

☐ Triton College Enrollment Verification Form (limited to two semesters only; more than two semesters requires an official transcript).

☐ Other Verification Form Provided by Student _____

Check the appropriate box (allow 24-48 hours to process request):

☐ Will pick up letter at Welcome Center (student photo ID is required).

☐ Fax to: Name _____
Fax Number _____

☐ Mail to: Name _____
Address _____
City/State/Zip _____

☐ Email to: Name _____
Email Address _____

Student authorization for release of enrollment verification:

Student Signature _____ Date _____

If you wish to authorize another person to pick up your enrollment verification, provide their name and relationship. A valid photo ID must be presented by the person authorized to pick up your enrollment verification.

Name and relationship of person to whom enrollment verification can be provided.
